

EVENT PROPOSAL FORM

Save the Children Canada must approve your application in order to use the organization's name or logo.
Please email, fax, or mail this form to the attention of the Volunteers and Special Events Coordinator.

Today's Date _____

Organizer _____
(Group and/or Main Contact)

Mailing Address _____
street city province postal code

Email _____ Telephone _____ Fax _____

Name of Proposed Event _____

Type of Event _____

Date of Event _____ Time _____

Venue/Location _____
(Name and Address)

Means of Donation to Save the Children Canada _____
(ticket sales gross or percentage of profit)

Sponsors (if any) _____

Anticipated Expenses _____
(attach detailed budget if needed)

Estimated Donation to Save the Children Canada _____ Estimated Promoter Profit _____

- Does the planning group agree Save the Children Canada will receive final revenues from the event within 60 days of the event? Yes No
- Does the planning group understand and agree that Save the Children must approve all publicity for the proposed event prior to being released, printed, etc? Yes No

Signature of Applicant _____

Print Name _____ Date _____

Save the Children's use only:

Date Approved _____ Approved by _____

Save the Children Canada Charitable registration number 10795 8621 RR0001

FINANCIAL SUMMARY REPORT

Date _____

Event Name _____

Organizer _____

Event Date(s) _____

Means of Donation to
Save The Children Canada _____
(Ticket sales gross or percentage of profit)

EXPENSES

| | Projected | Actual |
|----------------------|-----------|--------|
| Advertising | | |
| Site Rental | | |
| Security | | |
| Staff | | |
| Sound & Lighting, AV | | |
| Catering | | |
| Insurance | | |
| Other | | |

Please attach detailed budget page if needed.

Venue and Surcharge Deductions _____

Taxes _____

Total Expenses _____

INCOME

Sponsors Contribution _____

Ticket Sales _____
(quantity sold) (ticket gross)

Other Sales _____

Total Gross _____ Total Net _____

Donation to Save the Children Canada _____

Promoter Profit _____

Notes _____

VOLUNTEER APPLICATION

I would like to volunteer with Save the Children Canada!

Name _____

Home Address _____
street city province postal code

Phone (including area code) _____

Email _____

I AM

- In primary school
- In secondary school
- In post-secondary education
- Working
- Retired
- Other:

I WOULD LIKE TO

- Learn more about Save the Children Canada
- Hold an event
- Help out at an event
- Join or start a community group
- Join or start a campus group
- Join or start a school club
- Help in the national office (in Toronto)
- Something else:



Save the Children
Canada

To: Volunteers and Special Events Coordinator
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Fax: 416-221-8214
volunteering@savethechildren.ca